

ADAM GILCHRIST CRICKET SCHOLARSHIP.
APPLICATION FORM.

RETURN THIS FORM TO
Adam Gilchrist Cricket Scholarships
P.O. Box 4133
GOONELLABAH
N.S.W 2480
Email: cricplace@lordstaverners-northernnsw.com.au
Fax: 02 6624 8282

FULL NAME:
(Surname)

POSTAL ADDRESS:
.....
..... **POSTCODE:**

CONTACT DETAILS: Telephone

(Home): (.....)

(Work): (.....)

(Mobile):

Email:

DATE OF BIRTH: /..... /.....
(Day) (Month) (Year)

I wish to make application for the award of an Adam Gilchrist Cricket Development Scholarship. I have examined the Rules and Conditions Statements, and agree to be bound by these. I submit the following statistics, a **report from my current coach**, and other relevant information for the Selection Committee.

My Home Club in Australia:

Secretary:

Address:

Email:

Phone:

Personal Referee: Name:

Address:

Phone: (.....)

Email:

Referee's connection with me:

My highest achievements and Performances: (Add page if necessary)

<u>Year</u>	<u>Team or Club</u>	<u>Best Performance(s)</u>	<u>Against</u>

I already hold coaching qualifications as follows:

.....

Knowing that the Scholarship encompasses matters other than my cricket ability, I wish to draw your attention to the following **contributions that I have made to cricket and my local community:**

.....

.....

..... (Add list if required)

Signed: **Date:** /..... /.....

(Please indicate where you first heard about the Scholarship:.....)